

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041824 (0)

1. Corporation Name
MARLIN & A1A, INC.

Principal Place of Business 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082 US	Mailing Address 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216-0990
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3. Date Incorporated or Qualified 05/26/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3319929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
100 NATIONAL FINANCIAL BLDG.
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12. NAME	11. TITLE	11. NAME
NAME	12. STREET ADDRESS	12. NAME	12. STREET ADDRESS
STREET ADDRESS	12. CITY - ST - ZIP	13. STREET ADDRESS	13. CITY - ST - ZIP
CITY - ST - ZIP	12. CITY - ST - ZIP	21. TITLE	21. NAME
TITLE	12. NAME	22. NAME	22. STREET ADDRESS
NAME	12. STREET ADDRESS	23. STREET ADDRESS	23. CITY - ST - ZIP
STREET ADDRESS	12. CITY - ST - ZIP	24. CITY - ST - ZIP	31. TITLE
CITY - ST - ZIP	12. CITY - ST - ZIP	32. NAME	32. STREET ADDRESS
TITLE	12. NAME	33. STREET ADDRESS	33. CITY - ST - ZIP
NAME	12. STREET ADDRESS	34. CITY - ST - ZIP	41. TITLE
STREET ADDRESS	12. CITY - ST - ZIP	42. NAME	42. STREET ADDRESS
CITY - ST - ZIP	12. CITY - ST - ZIP	43. STREET ADDRESS	43. CITY - ST - ZIP
TITLE	12. NAME	44. CITY - ST - ZIP	51. TITLE
NAME	12. STREET ADDRESS	52. NAME	52. STREET ADDRESS
STREET ADDRESS	12. CITY - ST - ZIP	53. STREET ADDRESS	53. CITY - ST - ZIP
CITY - ST - ZIP	12. CITY - ST - ZIP	54. CITY - ST - ZIP	61. TITLE
TITLE	12. NAME	62. NAME	62. STREET ADDRESS
NAME	12. STREET ADDRESS	63. STREET ADDRESS	63. CITY - ST - ZIP
STREET ADDRESS	12. CITY - ST - ZIP	64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tim Benner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/97 904-273-1111

CR2E034 (9/96)